



MISSOURI ETHICS COMMISSION
EXEMPTION STATEMENT OF LIMITED ACTIVITY
FOR CANDIDATE WHO FILED STATEMENT OF EXEMPTION
INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO _____

1. STATEMENT DATE

OFFICE USE ONLY

2. CANDIDATE'S NAME (AS IT APPEARS ON BALLOT)

3. CANDIDATE'S ADDRESS

ADDRESS:

CITY / STATE / ZIP:

4. CANDIDATE'S PHONE NUMBER

PHONE:

5. DATE OF ELECTION

6. TYPE OF ELECTION (CHECK ONE)

☐

PRIMARY

☐

GENERAL

☐

SPECIAL

7. TIME PERIOD COVERED BY THIS STATEMENT

FROM

THROUGH

8. OFFICE SOUGHT

9. POLITICAL SUBDIVISION

10. TYPE OF REPORT:

☐

OTHER _____

☐

8 DAYS BEFORE ELECTION

☐

COMMITTEE QUARTERLY REPORT

☐

30 DAYS AFTER ELECTION

JAN 15

☐

APRIL 15

☐

JUL 15

☐

OCT 15

☐

11. CANDIDATE'S STATEMENT

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE CANDIDATE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATE IN ITEM 7 ABOVE.

CANDIDATE'S SIGNATURE

EXEMPTION STATEMENT OF LIMITED ACTIVITY INSTRUCTIONS

PURPOSE: Form ES-LA is to be filed by candidates who previously filed a Statement Of Exemption.

ELIGIBILITY: Candidates who filed a Statement of Exemption are required to complete and file the Exemption Statement of Limited Activity.

CONTENT OF FORM:

- ITEM 1:** Enter the date this statement is being filed.
- ITEM 2:** Enter the candidate's full name as it will appear on the ballot.
- ITEM 3:** Enter the candidate's mailing address.
- ITEM 4:** Enter the candidate's home and business phone numbers, including the area code.
- ITEM 5:** Enter the date of election for which this statement is being filed.
- ITEM 6:** Indicate the type of election for which this statement is being filed.
- ITEM 7:** Enter the beginning and closing dates of the period covered by this statement.
- ITEM 8:** Enter the title of the office which the candidate is seeking
- ITEM 9:** Enter the name of the political subdivision or district (state representative district, county, etc.) in which the candidate is seeking office.
- ITEM 10:** Indicate the type of report for which this statement is being filed.
- ITEM 11:** The candidate must sign this statement.

MISSOURI ETHICS COMMISSION

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800 / 392-8660

CONTACT THE MISSOURI ETHICS COMMISSION OR YOUR
LOCAL ELECTION AUTHORITY FOR FURTHER INFORMATION